Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) in Duval County, Epidemiology

August 2013

Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community- based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
  - o Notifiable diseases
  - o Outbreaks

Report Summary – August 2013

The month of August included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Enteric disease activity continues. DOH- Duval has recently detected increasing Respiratory Syncytial Virus (RSV) activity in Duval.

Dengue fever information for clinicians is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigations* summarizes reported cases of dengue fever in Duval County for 2012-2013.

Table of Contents

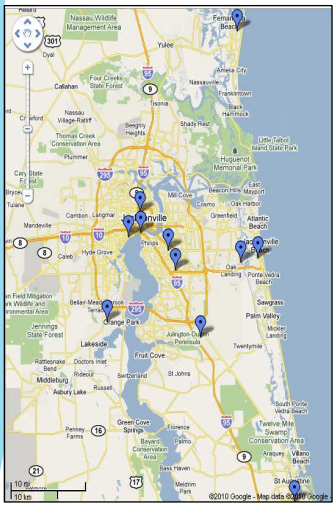
Summary of Reported Cases of Imported Dengue Fever in Duval County, 2012-2013

One case of imported dengue fever was reported in Duval County with symptom onset in August 2013. A total of two confirmed and three probable cases of dengue fever have been reported in Duval County during 2012-2013. All of the cases had history of international travel to dengue endemic areas during the two weeks prior to symptom onset. These countries included India (2), Dominican Republic, Costa Rica, and Nigeria. Their symptom onset months included September 2012, December 2012, March 2013, July 2013, and August 2013. Three of the cases were male and two were female. The ages ranged from 31 to 64 with an average age of 50.6. One of the five cases was hospitalized due to the infection. Symptoms included fever (5), arthralgia (4), myalgia (4), headache (3), thrombocytopenia (2), retroorbital pain (2), bleeding gums/nose bleeds (1), rash (1), and leucopenia (1). One of the confirmed cases with travel to India was serotyped as dengue virus-1.

If someone is ill with dengue, it is important to take extra precautions to prevent mosquitoes from biting the patient and going on to bite others in the household/area. DOH-Duval works closely with Duval County Mosquito Control regarding each case of dengue reported in Duval County.

Information about dengue: http://www.cdc.gov/Dengue/

Figure 1: ESSENCE Hospitals



The Florida Department of Health in Duval County www.DCHD.net **515 W. 6th Street, Jacksonville, FL 32206 (904) 253-1850**

Report prepared by Karen Elliott, MPH, CHES, CIC - Karen_Elliott@doh.state.fl.us – All data are provisional

Enteric Disease Overview

Summary

Reported cases of salmonellosis increased in August (Figure 2). Fifty-one (51) cases of salmonellosis were reported in August, which is slightly less than the average over the previous five years (Figure 2&4). The mean number of cases for the same time period during the previous five years was 58.0 cases for August. The most represented age group of reported cases of salmonellosis for 2013 (100/225, 44.4%) occurred in the 0-4 age group. Reported cases (28) of shigellosis decreased in August (Figure 2&5). The mean number of cases for the same time period during the previous five years was 9.4 cases for August.

Reported norovirus activity is low in Florida. During August, two outbreaks of gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. One of those was reported in Duval based on a foodborne illness complaint at a food establishment, but lab tests were negative for select bacterial pathogens and for norovirus. The other cluster reported in the state was associated with a summer camp (Source: FDENS EpiCom & FDOH in Duval surveillance). One outbreak of confirmed norovirus was reported in Duval County during July.

For prevention information, visit http://www.cdc.gov/norovirus/ & http://www.doh.state.fl.us/Environment/medicine/foodsurveillance/norovirus.htm.

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2010 – August 2013

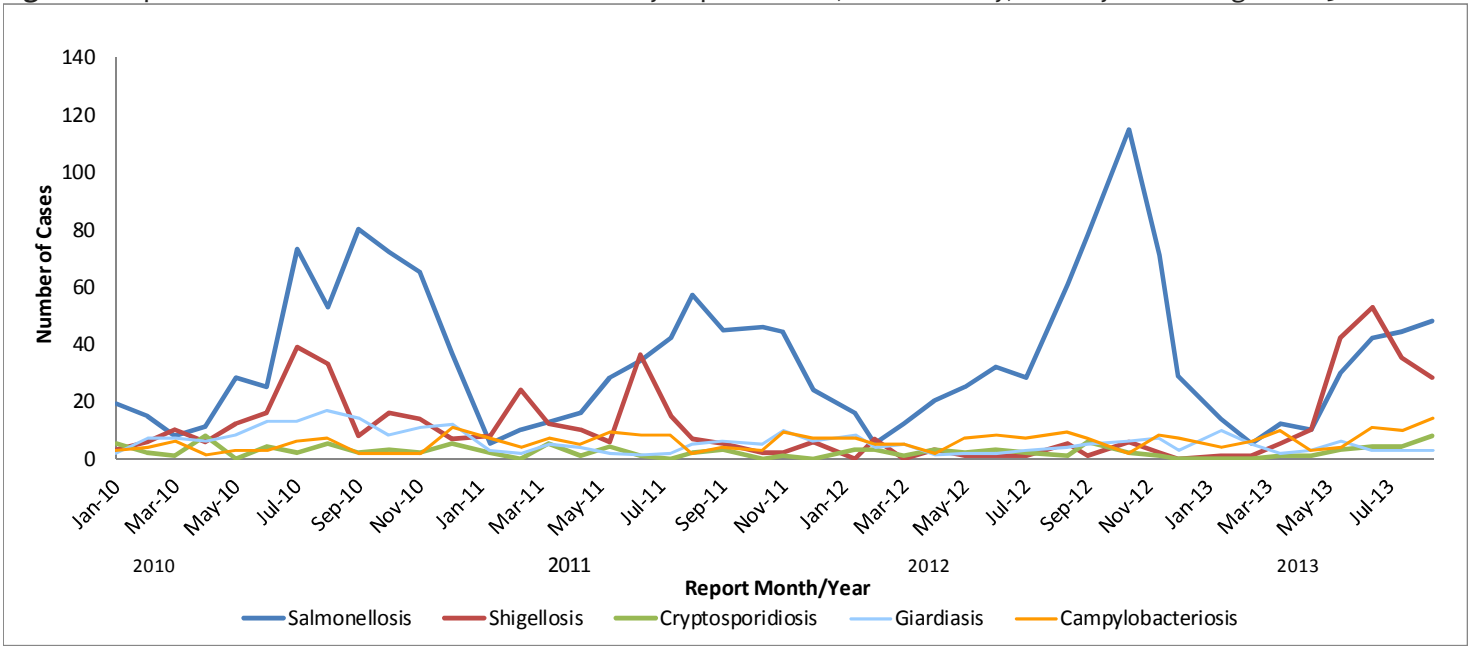
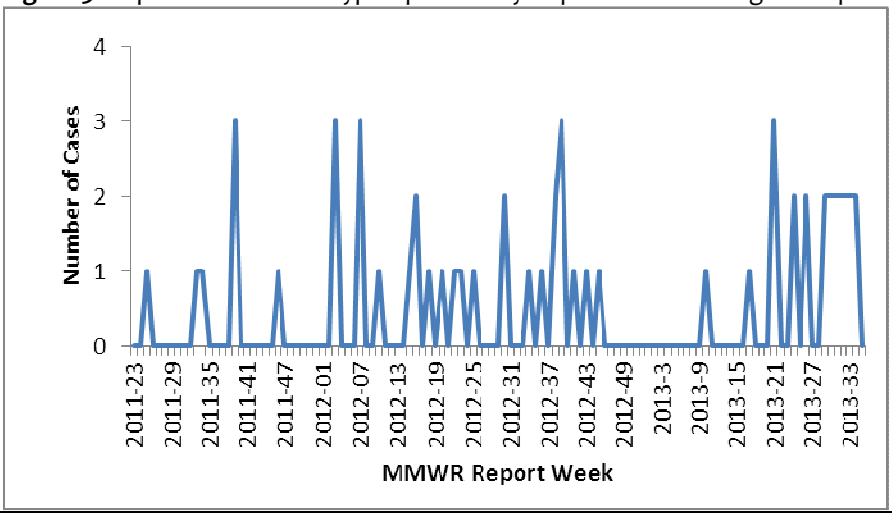
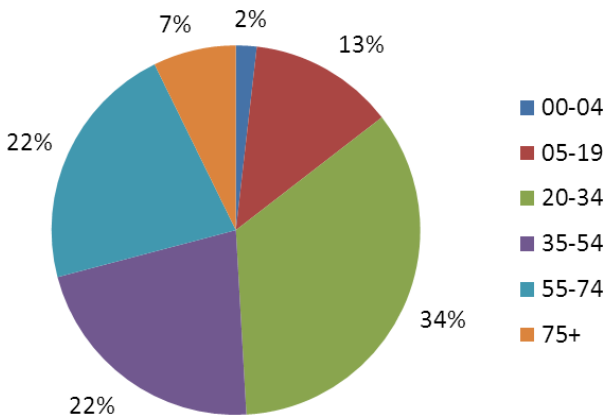


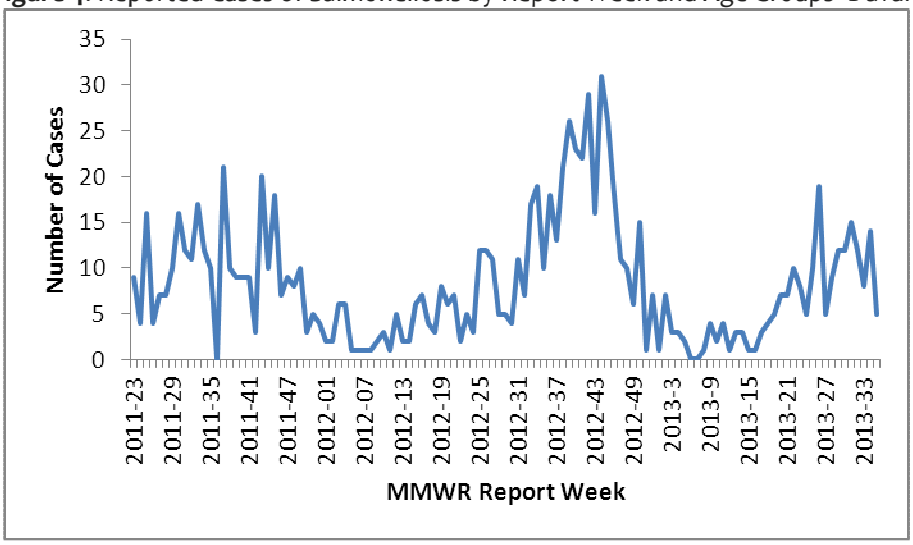
Figure 3: Reported Cases of Cryptosporiasis by Report Week and Age Groups- Duval County – June 2011 – August 2013





Enteric Disease Overview Continued

Figure 4: Reported Cases of Salmonellosis by Report Week and Age Groups- Duval County – June 2011 – August 2013



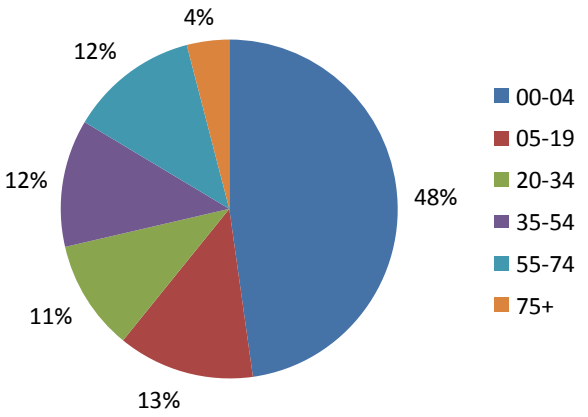
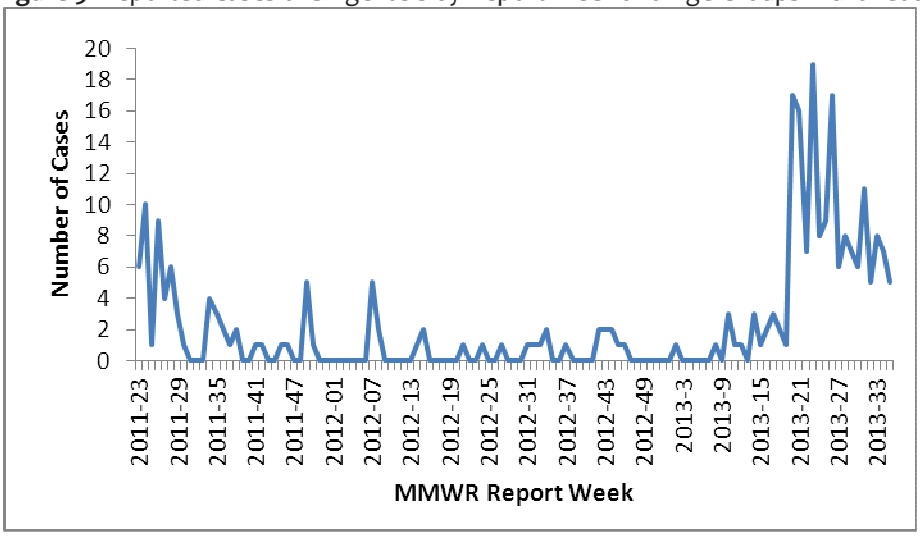


Figure 5: Reported Cases of Shigellosis by Report Week and Age Groups- Duval County - June 2011 – August 2013



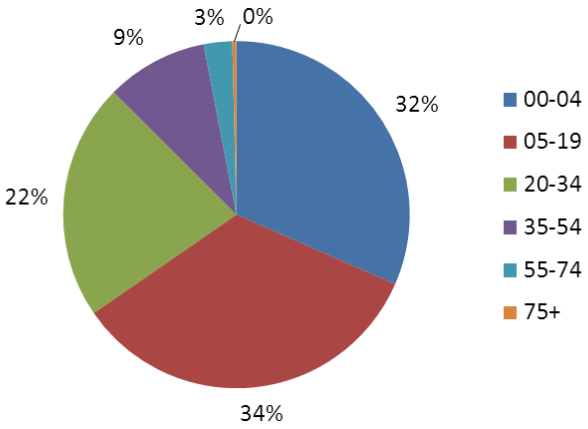
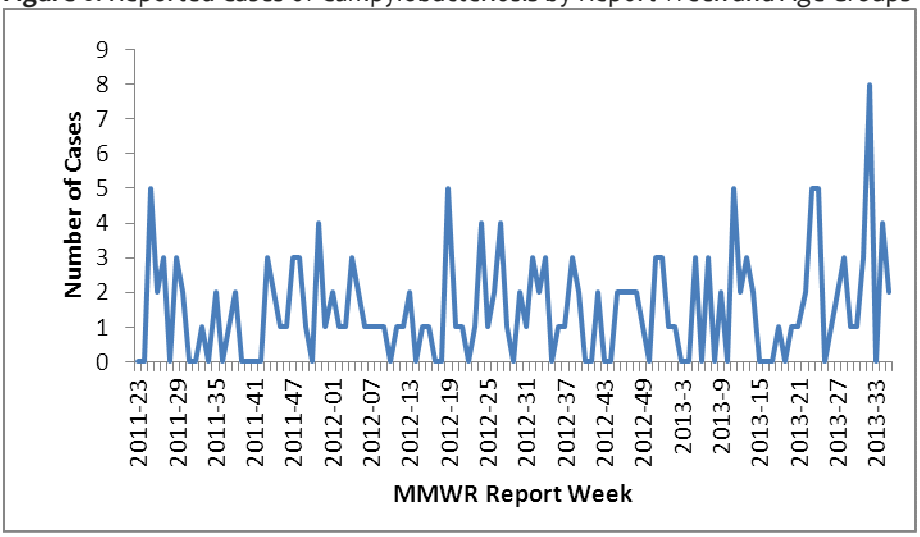
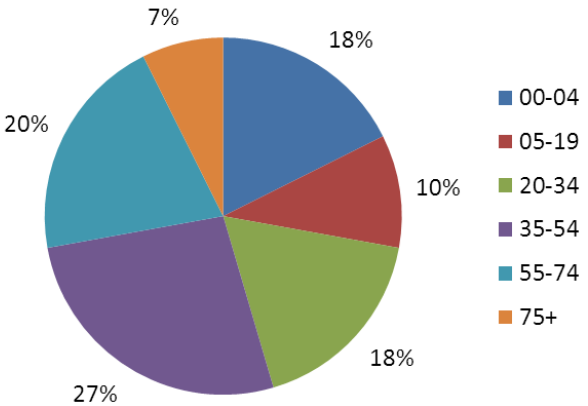


Figure 6: Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County - June 2011 – August 2013





Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a mild level. In Duval County, ED visits for ILI as monitored through ESSENCE remained below 1% for weeks 23-34, but increased above 1% (Figure 7) during weeks 35-36. During August, zero (0) specimens tested positive for influenza as tested by the Bureau of Public Health Laboratories (BPHL). Three (3) patients were positive for Influenza A, unspecified as detected by a private lab using rapid antigen testing during August (as reported through Electronic Lab Reporting (ELR), (Figure 8)). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, and respiratory syncytial virus (RSV). Additionally, discharge diagnosis data reported in the ED visits in ESSENCE demonstrate that streptococcal pharyngitis is also circulating.

Comprehensive Statewide Influenza Surveillance: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm

Figure 7: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)

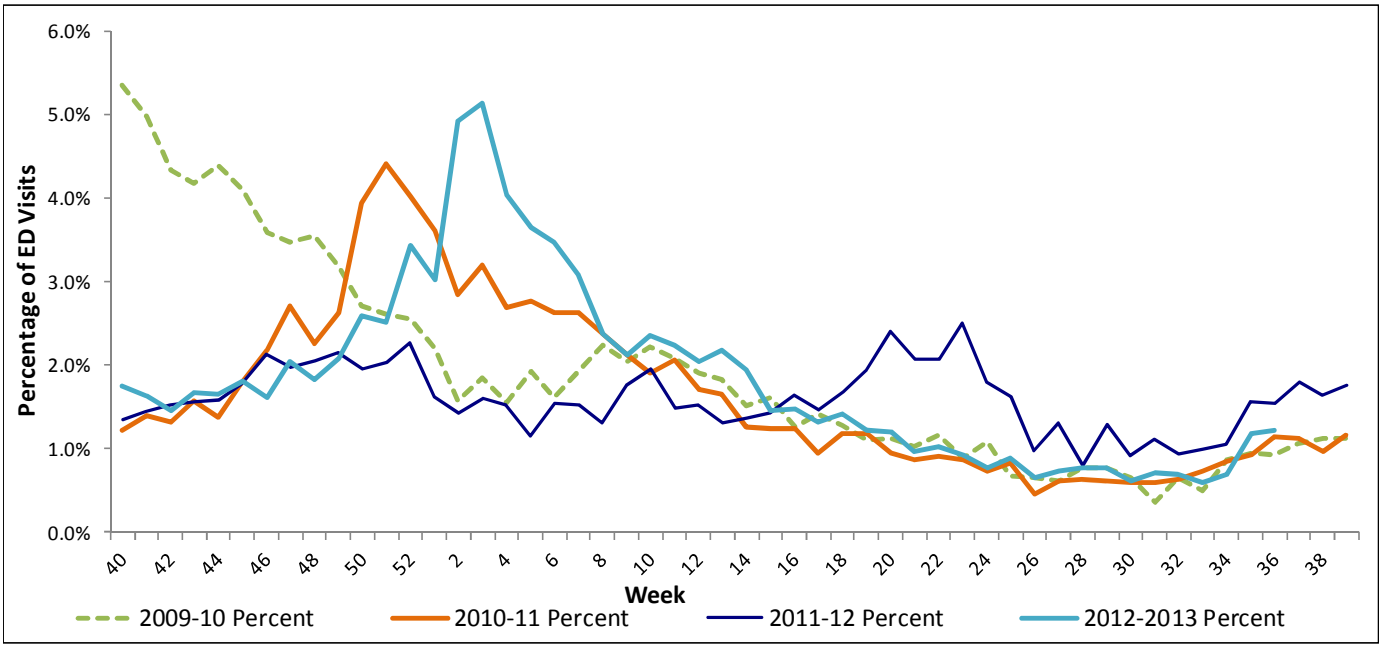
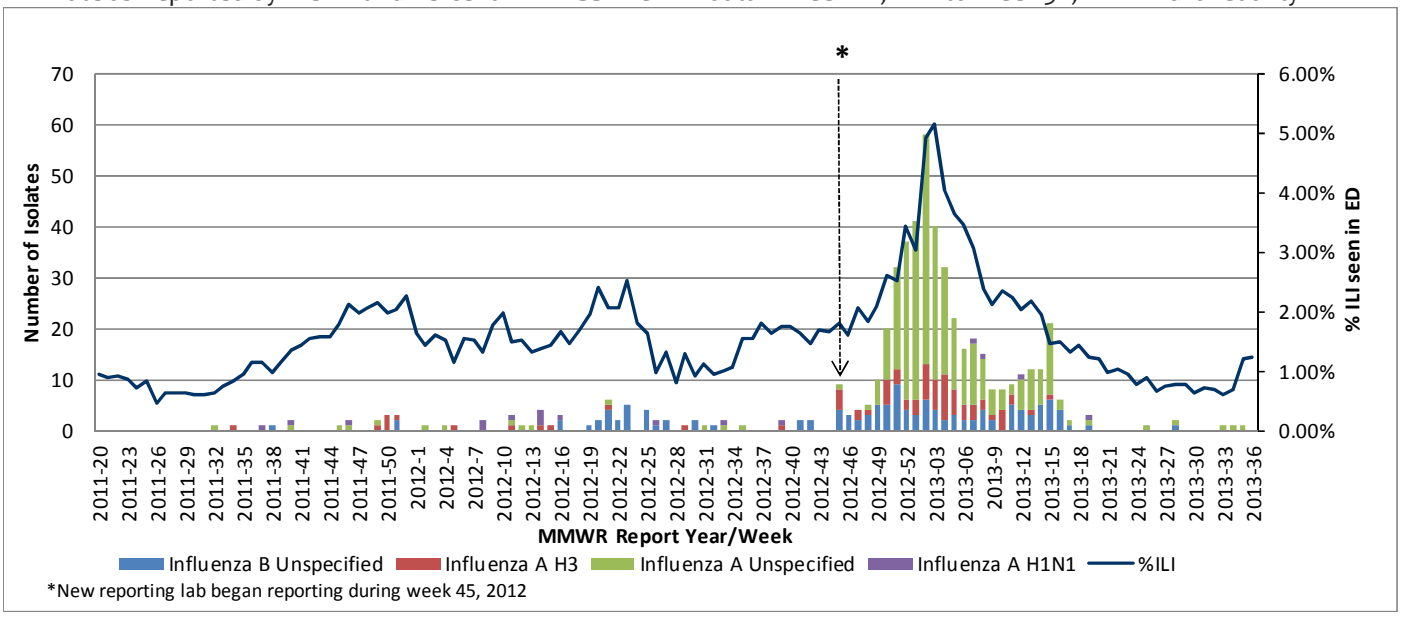


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 20, 2011 to Week 36, 2012 - Duval County



Respiratory Virus Surveillance (NREVSS N. Region)

Summary

Circulation of influenza remained at low levels in August. RSV activity is increasing. RSV season for the North Region of Florida traditionally runs from September to March. Within the **National Respiratory and Enteric Virus Surveillance System** (**NREVSS**) laboratory surveillance data for the North Florida region, the percent positive for influenza was 1.20% (2/166) (Figure 9) and 7.88% (19/241) of RSV specimens were positive during the month of August (Figure 10). In July, the percent positive for influenza was 1.06% and for RSV was 5.56%.

Figure 9: NREVSS - Monthly Influenza Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 08/31/2012

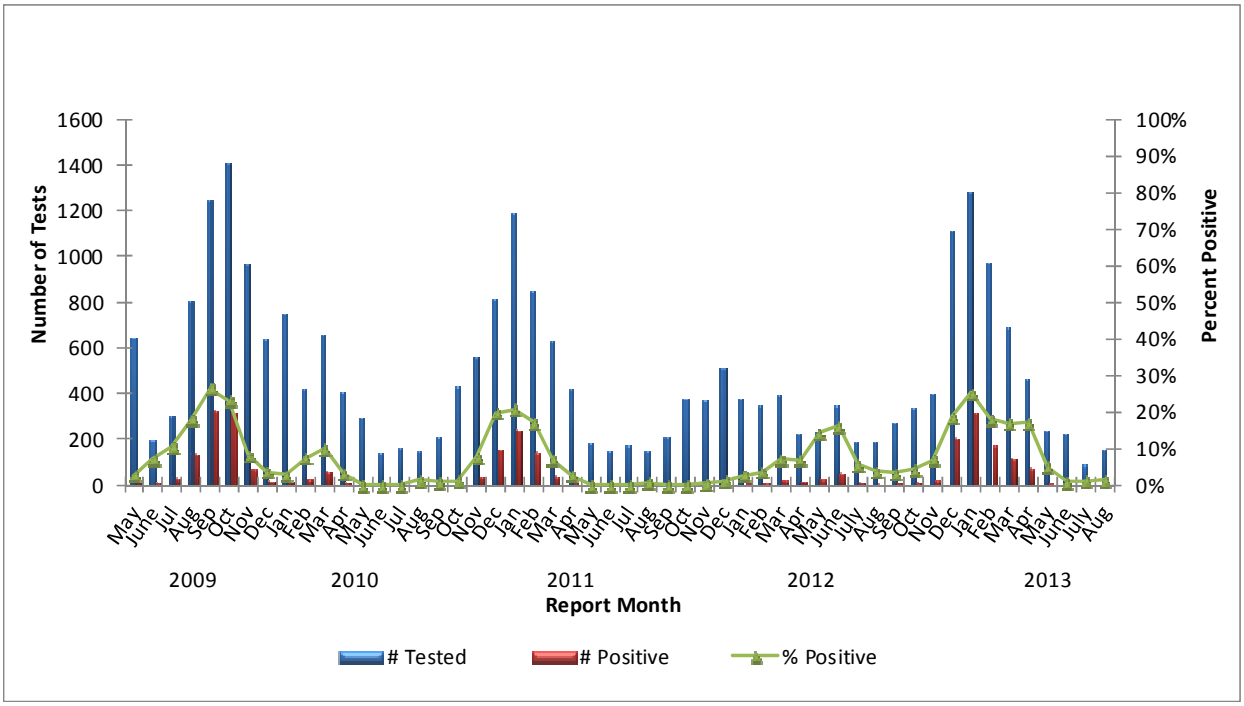
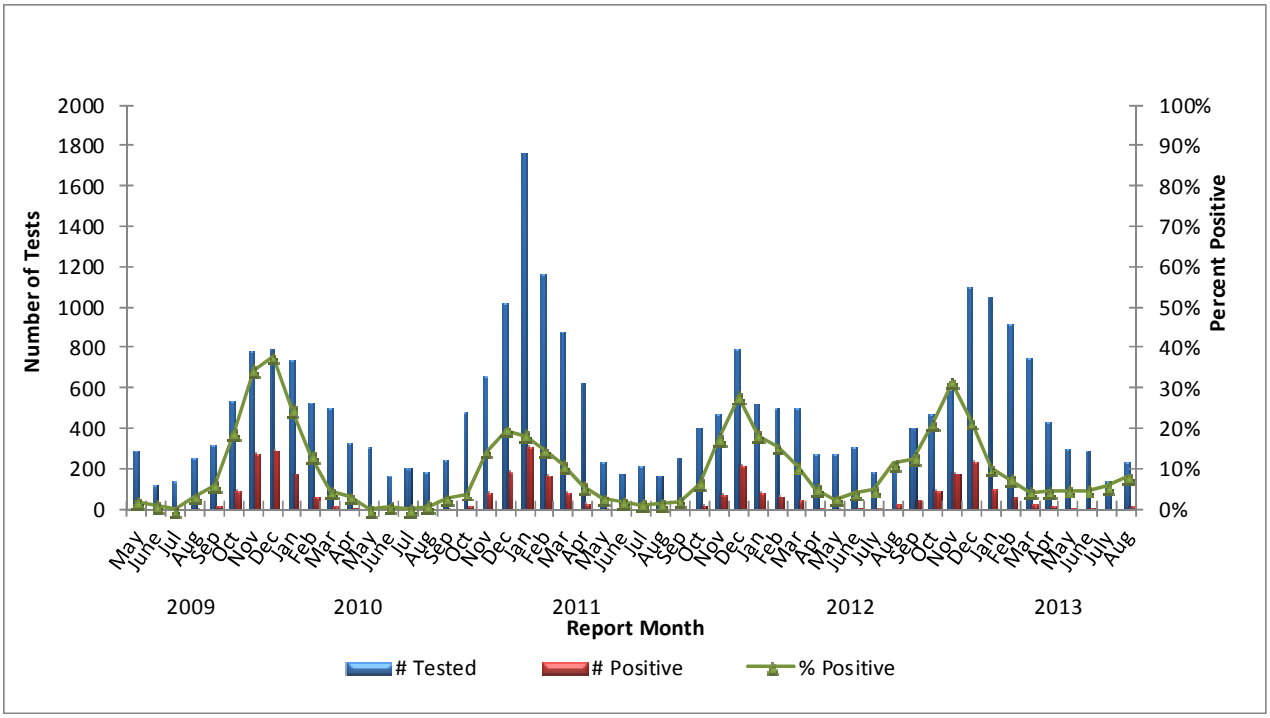


Figure 10: NREVSS - Monthly RSV Surveillance Data by Region (NORTH) - Reported From 05/01/2009 to 08/31/2012



Florida Mosquito-Borne Disease Summary

Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV).

Figure 11: Florida Arbovirus Surveillance (January 1- September 7, 2012)

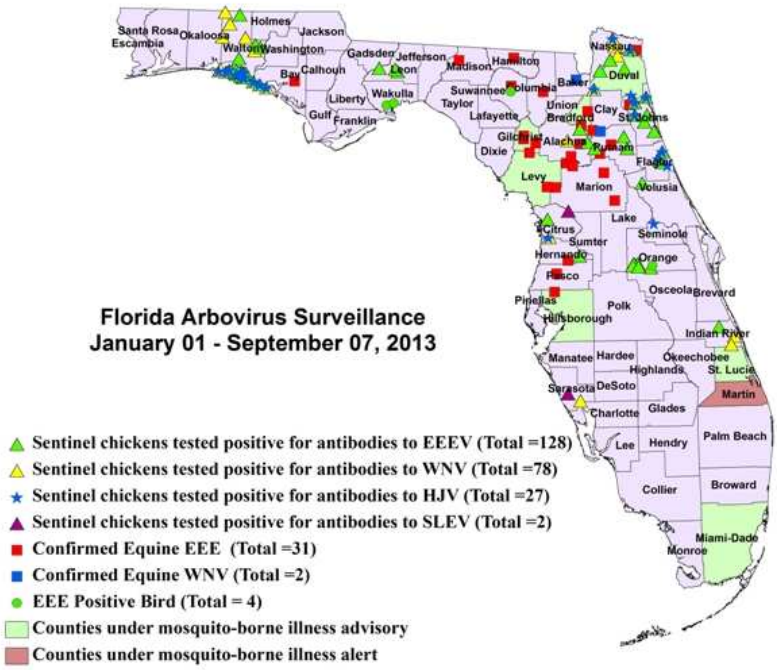


Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through September 7, 2013)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	1	2	78	-
St. Louis Encephalitis Virus	-	-	2	-
Highlands J Virus	-	-	27	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	2	31	128	4

State of Florida 2013 Case Summary

WNV infection Acquired in Florida: One human case of WNV illness with onset in August has been reported in 2013 in Duval County. One asymptomatic positive blood donor was identified in August. The donor is a resident of Florida and has outdoor exposure in multiple North-East Florida counties.

EEEV Infection Acquired in Florida: Two human cases of EEEV infection with onset in January (1) and March (1) have been reported in 2013 in Levy (1) and Hillsborough (1) County residents.

Dengue Infection Acquired in Florida: In 2013, a total of 16 cases of locally acquired dengue have been reported. Fifteen cases of dengue have been reported as acquired in Martin County with onsets in July (4) and August (11), 2013. Of these 15 cases, nine are residents of Martin County; four are residents of St. Lucie County; and two are out-of-state visitors. One case of dengue has been reported as acquired in Miami-Dade County by a Miami-Dade resident with onset in August, 2013.

Imported Dengue: Seventy-four cases of dengue with onset in 2013 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Angola, Bangladesh (2), Barbados, Bolivia, Brazil (3), The Caribbean, Columbia (4), Costa Rica (3), Dominica, Dominican Republic (6), Haiti (2), Honduras, Indonesia, Jamaica (4), Nicaragua, Nigeria, Panama, Philippines (2), Puerto Rico (36) and Saint Martin (2).

Imported Malaria: Thirty-three cases of malaria with onset in 2013 have been reported. Countries of origin were: Benin, Chad, Democratic Republic of the Congo, Equatorial Guinea, Guinea, Ghana (3), Guyana (6), Haiti (5), India (2), Kenya, Liberia, Nigeria (3), Peru, Sierra Leone (2), Solomon Islands, Uganda (2), and undetermined African country.

Resources

See the following web site for more information:

http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html
http://www.dchd.net/component/content/article/9-home-news/74-mosquito-borne-illness-awareness

Other notable trends and statistics

Notable Trends and Statistics- Dengue Fever - Information for Clinicians

Martin and St Lucie Counties in Florida have reported 18 locally acquired dengue cases in the Rio and Jensen Beach area. One case of dengue has been reported as acquired in Miami-Dade County by a Miami-Dade resident.

Dengue infection is caused by any of four distinct but closely related dengue virus (DENV) serotypes (called DENV-1, -2, -3, and -4). Dengue is currently the most frequent cause of acute febrile illness among returning U.S. travelers from the Caribbean, Central and South America, and Asia.

Transmission occurs through the bite of an infected mosquito. Dengue may also be transmitted from mother to fetus in utero or to neonate at parturition.

Incubation period is two to 14 days.

Clinical presentation can range from a mild non-specific febrile syndrome, to classic dengue fever or "break-bone fever", or in the most severe forms of the disease (2-4% of cases), dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS). More than > 20% of cases may be asymptomatic.

Dengue should be considered when locally acquired infection is suspected, or in persons that live in or have traveled to a dengue endemic area in the two weeks prior to symptom onset and have fever and two of the following signs and symptoms:

- Headache or retro-orbital pain
- Myalgia, bone pain, and/or arthralgia
- Anorexia and nausea
- Rash
- Thrombocytopenia
- Leucopenia
- Hemorrhagic fever or shock symptoms may appear after a 2-7 day febrile phase and include abdominal pain or tenderness, persistent vomiting, mucosal bleeding, liver enlargement, clinical fluid accumulation, or laboratory results indicating an increase in hematocrit concurrent with a rapid decrease in platelets.

Patients at risk for severe disease:

- Previously infected with another dengue virus
- Diabetes mellitus
- Pregnant women
- Chronic renal failure
- Infants
- Obesity
- Elderly
- Sickle cell anemia

Laboratory testing

Polymerase Chain Reaction (PCR) can be used to detect viral RNA in serum samples collected during the first 5 days post symptom onset. Testing for DENV specific IgM antibodies should be requested for serum specimens taken >6 days after onset. DOH-Duval can provide guidance on how and when to submit samples to the DOH Bureau of Laboratories.

Please contact DOH-Duval by the next business day if you suspect dengue to ensure prompt mosquito control efforts.

Resources:

The Florida Department of Health in Duval County Epidemiology Program phone number: 904-253-1850
Updates on Martin County Dengue cases: http://www.doh.state.fl.us/CHD/Martin/Epidemiology.html
FL DOH: http://myfloridaeh.com/medicine/arboviral/index.html
CDC: http://www.cdc.gov/dengue/clinicallab/clinical.html

Recently Reported Diseases/Conditions in Florida

Table 2: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, August 2013

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2013	2012	Mean†	Median¶	2013	2012	2013	2012	Mean†	Median¶	2013	2012
A. Vaccine Preventable Diseases												
Diphtheria	**0**	0	0.00	0	0	0	**0**	0	0.00	0	0	0
Measles	**0**	0	0.00	0	0	0	**0**	0	0.00	0	9	0
Mumps	**0**	0	0.00	0	0	1	**0**	0	1.20	0	2	3
Pertussis	**4**	5	6.40	5	18	28	**72**	75	54.20	44	421	412
Rubella	**0**	0	0.00	0	0	0	**0**	0	0.00	0	0	0
Tetanus	**0**	0	0.00	0	1	0	**0**	0	0.40	0	4	2
Varicella	**7**	2	1.40	2	42	26	**55**	40	37.80	40	467	624
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	**0**	0	0	0	1	1	**1**	1	1.6	1	16	17
H. influenzae (invasive)	**3**	3	1.60	2	19	8	**17**	24	14.4	13	204	164
Meningitis (bacterial, cryptococcal, mycotic)	**0**	1	1.80	1	9	13	**13**	12	17.8	15	106	117
Meningococcal Disease	**0**	0	0.00	0	0	0	**4**	0	1.4	1	40	36
Staphylococcus aureus (VISA, VRSA)	**0**	0	0.00	-	1	3	**0**	0	0.1	-	4	5
Streptococcus pneumoniae (invasive disease)												
Drug resistant	**1**	1	1.80	1	24	14	**17**	21	28.2	25	386	311
Drug susceptible	**0**	0	0.60	1	22	13	**23**	18	23.4	21	442	368
Streptococcal Disease, Group A, Invasive	**1**	0	1.40	1	7	5	**26**	20	20.2	20	207	158
C. Enteric Infections												
Campylobacteriosis	**14**	9	6.80	7	65	50	**248**	219	164	141	1434	1360
Cryptosporidiosis	**8**	1	3.80	2	21	18	**45**	55	59	56	243	307
Cyclosporiasis	**0**	0	0.20	0	6	0	**12**	2	6.2	5	46	17
Escherichia coli, Shiga-toxin producing**	**0**	0	1.20	1	4	1	**9**	13	12	12	107	62
Giardiasis	**3**	4	7.80	5	38	29	**117**	104	159.2	162	721	696
Hemolytic Uremic Syndrome	**0**	0	0.00	0	0	0	**1**	0	0.4	0	6	1
Listeriosis	**2**	0	0.20	0	2	1	**9**	3	3.8	3	30	17
Salmonellosis	**51**	61	58.00	57	211	199	**707**	765	744.8	765	3416	3418
Shigellosis	**28**	5	9.40	5	175	18	**100**	170	140.4	170	481	1333
Typhoid Fever	**0**	0	0.00	0	1	0	**0**	3	3.2	3	7	8

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2013	2012	Mean†	Median¶	2013	2012	2013	2012	Mean†	Median¶	2013	2012
D. Viral Hepatitis												
Hepatitis A	**1**	0	0.60	0	4	0	**15**	10	13.8	11	74	82
Hepatitis B +HBsAg in pregnant women	**7**	4	3.00	3	37	26	**40**	37	37.8	37	355	289
Hepatitis B, Acute	**0**	0	0.60	1	9	5	**29**	22	22.4	22	236	191
Hepatitis C, Acute	**0**	0	0.00	0	2	2	**21**	16	8.2	6	163	98
E. Vector Borne, Zoonoses												
Animal Rabies	**0**	0	0.20	0	2	2	**8**	10	12.2	11	69	68
Ciguatera	**0**	0	0.00	0	0	0	**12**	10	11	10	33	19
Dengue Fever	**0**	0	0.20	0	2	0	**30**	16	15.8	14	104	46
Eastern Equine Encephalitis††	**0**	0	0	-	0	0	**0**	0	0.1	-	2	1
Ehrlichiosis/Anaplasmosis¶¶	**0**	0	0	-	0	1	**3**	1	0.4	-	18	17
Leptospirosis	**0**	0	0.00	0	0	0	**0**	0	0.2	0	1	0
Lyme Disease	**0**	0	0.20	0	1	2	**32**	14	17.2	16	91	68
Malaria	**1**	1	0.60	0	3	6	**5**	9	13	10	41	52
St. Louis Encephalitis††	**0**	0	0	-	0	0	**0**	0	0	-	0	0
West Nile Virus††	**1**	18	2.5	-	1	19	**1**	29	4	-	1	32
F. Others												
Botulism-infant	**0**	0	0.20	0	0	0	**0**	0	0.2	0	1	14
Brucellosis	**0**	0	0.00	0	0	0	**0**	1	0.8	1	5	14
Carbon Monoxide Poisoning	**0**	0	0.00	0	23	1	**6**	7	5.2	7	99	33
Hansens Disease (Leprosy)	**0**	0	0.00	0	0	0	**0**	1	1.4	1	6	6
Legionellosis	**1**	3	2.20	3	12	12	**21**	27	18.8	18	163	127
Vibrios	**3**	1	0.07	-	10	7	**37**	13	1.6	-	123	95

***** Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2013 is provisional. May include Non-Florida Cases.

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

****** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 3: Duval County Reported Sexually Transmitted Disease for Summary for August 2013

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	2	50%	2	50%
Female	2	50%	2	50%
Race	**Area 4**	**%**	**Duval**	**%**
White	0	0%	0	0%
Black	3	75%	3	75%
Hispanic	1	25%	1	25%
***Other**	0	0%	0	0%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	0	0%	0	0%
20-24	2	50%	2	50%
25-29	1	25%	1	25%
30-39	0	0%	0	0%
40-49	1	25%	1	25%
50+	0	0%	0	0%
Total Cases	4		4	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	159	27%	135	29%
Female	439	73%	325	71%
Race	**Area 4**	**%**	**Duval**	**%**
White	121	20%	58	13%
Black	256	43%	249	54%
Hispanic	17	3%	12	2%
***Other**	204	34%	141	31%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	2	1%	2	1%
15-19	148	25%	98	21%
20-24	222	37%	196	42%
25-29	115	19%	101	22%
30-39	82	14%	45	10%
40-54	23	3%	16	3%
55+	6	1%	2	1%
Total Cases	598		460	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	100	54%	87	52%
Female	84	46%	79	48%
Race	**Area 4**	**%**	**Duval**	**%**
White	30	16%	24	15%
Black	114	62%	107	64%
Hispanic	6	4%	5	3%
***Other**	34	18%	30	18%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	21	11%	19	11%
20-24	59	32%	53	32%
25-29	35	19%	32	19%
30-39	44	24%	38	23%
40-54	23	13%	22	13%
55+	2	1%	2	1%
Total Cases	184		166	

Please note that STD numbers are provisional.

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

For more STD surveillance data see: http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2013/MSR2013.html

Tuberculosis (TB) Surveillance – Duval County - 1/1/2013 through 8/31/2013 – All Data are Provisional

Eighty-six (86) cases of TB were reported by Duval County in 2012. Demographic and risk factor data for TB cases reported year-to-date in 2013 has not changed since the surveillance report distributed for July 2013. Case reports are pending and will be updated for the September surveillance report.

For more tuberculosis surveillance data see: http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2013/MSR2013.html

Data Dictionary

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using http://www.floridacharts.com/merlin/freqrpt.asp

Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the *Sentinel Provider Influenza Surveillance Program*): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILInet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (*MMWR*) disease incidence reporting and publishing. Values for *MMWR* week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 3, one in Clay, St Johns, and Nassau Counties, provide regional coverage. The 11 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Luke's (Duval), and St. Vincent's (Duval)

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology http://www.doh.state.fl.us/disease_ctrl/epi/index.html
Florida Annual Morbidity Reports http://www.doh.state.fl.us/disease_ctrl/epi/Morbidity_Report/amr.html
Influenza Surveillance Reports http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/reports.htm

The Florida Department of Health in Duval County

Disease Reporting Telephone Numbers
AIDS, HIV - (904) 253-2992
STD - (904) 253-2974, Fax - (904) 253-2978
TB Control - (904) 253-1070, Fax - (904) 253-1943
Animal Bites – (904) 253-2576, Fax – (904) 253-2390
All Others - (904) 253-1850, Fax - (904) 253-1851, After Hrs Emergency – (904) 434-6035

Section 381.0031 (1,2), Florida Statutes, provides that "**Any practitioner**, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The DOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance…and shall furnish a copy of said list to the practitioners…."

Reportable Diseases/Conditions in Florida Practitioner Guide 11/24/08*

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, *Florida Administrative Code (FAC)*.

AIDS, HIV - (904) 253-2992

+	Acquired Immune Deficiency Syndrome (AIDS)
+	Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)

STD - (904) 253-2974

•	Chancroid
•	Chlamydia
•	Conjunctivitis (in neonates ≤ 14 days old)
•	Gonorrhea
•	Granuloma inguinale
•	Herpes Simplex Virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years old)
•	Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)
•	Lymphogranuloma venereum (LGV)
•	Syphilis
☎	Syphilis (in pregnant women and neonates)

TB CONTROL - (904) 253-1070

•	Tuberculosis (TB)

CANCER - (305) 243-4600

+	Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)

ALL OTHERS - (904) 253-1850

!	Any disease outbreak
!	Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.
•	Amebic encephalitis
•	Anaplasmosis
!	Anthrax
•	Arsenic poisoning
!	Botulism (foodborne, wound, unspecified, other)
•	Botulism (infant)
!	Brucellosis
•	California serogroup virus (neuroinvasive and non-neuroinvasive disease)
•	Campylobacteriosis
•	Carbon monoxide poisoning
!	Cholera
•	Ciguatera fish poisoning (Ciguatera)
•	Congenital anomalies
•	Creutzfeldt-Jakob disease (CJD)
•	Cryptosporidiosis
•	Cyclosporiasis
•	Dengue
!	Diphtheria
•	Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
•	Ehrlichiosis
•	Encephalitis, other (non-arboviral)
☎	Enteric disease due to: *Escherichia coli*, O157:H7 *Escherichia coli*, other pathogenic *E. coli* including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains
•	Giardiasis
!	Glanders
!	*Haemophilus influenzae* (meningitis and invasive disease)
•	Hansen's disease (Leprosy)
☎	Hantavirus infection
☎	Hemolytic uremic syndrome
☎	Hepatitis A
•	Hepatitis B, C, D, E, and G
•	Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
!	Influenza due to novel or pandemic strains
☎	Influenza-associated pediatric mortality (in persons < 18 years)
•	Lead Poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC
•	Legionellosis
•	Leptospirosis
☎	Listeriosis
•	Lyme disease
•	Malaria
!	Measles (Rubeola)
!	Meliodiosis
•	Meningitis (bacterial, cryptococcal, mycotic)
!	Meningococcal disease (includes meningitis and meningococcemia)
•	Mercury poisoning
•	Mumps
☎	Neurotoxic shellfish poisoning
☎	Pertussis
•	Pesticide-related illness and injury
!	Plague
!	Poliomyelitis, paralytic and non-paralytic
•	Psittacosis (Ornithosis)
•	Q Fever
☎	Rabies (human, animal)
!	Rabies (possible exposure)
!	Ricin toxicity
•	Rocky Mountain spotted fever
!	Rubella (including congenital)
•	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
•	Salmonellosis
•	Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
!	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
•	Shigellosis
!	Smallpox
•	*Staphylococcus aureus*, community associated mortality
☎	*Staphylococcus aureus* (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
☎	Staphylococcus enterotoxin B (disease due to)
•	Streptococcal disease (invasive, Group A)
•	*Streptococcus pneumoniae* (invasive disease)
•	Tetanus
•	Toxoplasmosis (acute)
•	Trichinellosis (Trichinosis)
!	Tularemia
☎	Typhoid fever
!	Typhus fever (disease due to *Rickettsia prowazekii* infection)
•	Typhus fever (disease due to *Rickettsia typhi*, *R. felis* infection)
!	Vaccinia disease
•	Varicella (Chickenpox)
•	Varicella mortality
!	Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
•	Vibriosis (Vibrio infections)
!	Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
•	West Nile virus disease (neuroinvasive and non-neuroinvasive)
•	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
!	Yellow fever

!	= Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎	= Report immediately 24/7 by phone
•	= Report next business day
+	= Other reporting timeframe